

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

UNITED FOOD &amp; COMMERCIAL WORKERS INTERNATIONAL UNION, ACTIVE BALLOT CLUB

Full Name (Last, First, Middle Initial)

**A. ELLSWORTH FOR CONGRESS**

Mailing Address POST OFFICE BOX 62

City EVANSVILLE State IN Zip Code 47708

Purpose of Disbursement  
CONTRIBUTION IN - C.D. # 08

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10786

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	4		2	0	0	6

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF ROSA DELAURO**

Mailing Address POST OFFICE BOX 75214

City WASHINGTON State DC Zip Code 20013

Purpose of Disbursement  
CONTRIBUTION CT - C.D. # 03

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10794

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	0	6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TAMMY DUCKWORTH**

Mailing Address 416 WEST 22ND STREET

City LOMBARD State IL Zip Code 60148

Purpose of Disbursement  
CONTRIBUTION IL - C.D. # 06

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: District:

Transaction ID: SB23.10775

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	8		2	0	0	6

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional) .....

6000.00

TOTAL This Period (last page this line number only) .....